

**OFFICIAL FILE**  
**ILLINOIS COMMERCE COMMISSION**

**ORIGINAL**

Docket No. 00-0374

BULLSEYE TELECOM, INC.

APPLICATION FOR A CERTIFICATE OF  
LOCAL AUTHORITY TO OPERATE AS A  
RESELLER OR FACILITIES BASED CARRIER  
OF TELECOMMUNICATIONS SERVICES  
IN THE STATE OF ILLINOIS

CHIEF CLERK'S OFFICE

MAY 23 11 01 AM '00

ILLINOIS  
COMMERCE COMMISSION

**APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER**

**GENERAL**

1. Applicant's Name (including d/b/a, if any) FEIN # 38-3532242  
BullsEye Telecom, Inc.

Address: Street 26935 Northwestern Highway, Suite 520

City Southfield State/Zip MI 48034

2. Authority Requested: (Mark all that apply)      13-403   X   13-404   X   13-405
3. Request for waiver/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.

  X   Part 710      Part 735   X   Section 735.180      Other

4. In what area of the state does the Applicant propose to provide service?

Applicant intends to provide service in Ameritech's service areas throughout the State of  
Illinois and Centel MSA-1.

5. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) consumer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.

Attached as Exhibit A.

6. Please check type of organization?

☐ Individual ☒ Corporation  
☐ Partnership Date corporation was formed April 3, 2000  
In what state? Michigan  
☐ Other (Specify)

7. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. Attached as Exhibit B.

8. List jurisdictions in which Applicant is offering service(s).

Attached as Exhibit C

9. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

10. Has there been any complaints against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. \_\_\_\_\_

11. Will the Applicant keep its books and records in Illinois? ☐ YES ☒ NO  
If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

## MANAGERIAL

12. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

Attached as Exhibit D.

13. List officers of Applicant.

Mark A. Wayne

President

Pete K. LaRose

Vice President / Secretary / Treasurer

Williams H. Oberlin

Chairman

14. Does any officer of Applicant have an ownership or interest in any other entity which has provided or is currently providing telecommunications services? YES X NO

If YES, list entity. \_\_\_\_\_

15. How will Applicant bill for its services(s)? Applicant will bill customers directly.

16. How does Applicant propose to handle service, billing, and repair complaints?

Customer Service Representatives are available to handle service, billing and repair complaints via a toll free number.

17. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? X YES \_\_\_\_\_ NO

18. What telephone number(s) would a customer use to contact your company?

(248) 445-4155 (800) 760-0758

19. What are your procedures to prevent unauthorized "slamming" of customers?

Applicant confirms all orders to change long distance service in accordance with one of four verification processes established by the FCC.

20. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?

X YES \_\_\_\_\_ NO (If no, please provide an explanation.)

21. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? X YES \_\_\_\_\_ NO

## FINANCIAL

23. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Attached as Exhibit E.

## TECHNICAL

24. Does Applicant utilize its own equipment and/or facilities? \_\_\_\_\_ YES X NO

If YES, please list: \_\_\_\_\_

\_\_\_\_\_  
If NO, which facility provider(s) services does Applicant use?

25. Please describe the nature of service to be provided (e.g., operator services, Internet, debit cards, long distance service, local service).

Local exchange services.

26. Will technical personnel be available at all times to assist customers with service problems?

X YES \_\_\_\_\_ NO

27. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "O" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? X YES \_\_\_\_\_ NO



(Signature of Applicant)

**VERIFICATION**

This application shall be verified under oath.

State of Michigan )

County of Oakland )

) ss

Mark A. Wayne makes oath and says that he is President of BullsEye Telecom, Inc., that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth herein.

Mark A. Wayne  
(Signature of affiant)

Subscribed and sworn before me a Notary Public/ Terryl L. Jaynes

in the State and County above named, this 17th day of May, 2000.

Terryl L. Jaynes  
(Signature of person authorized to administer oath)  
TERRYL L. JAYNES  
NOTARY PUBLIC-WAYNE COUNTY, MI  
ACTING IN OAKLAND CO., MI  
MY COMMISSION EXPIRES 6-16-2001